

Employer Handbook Reorder Form

To Be Completed by Tran/Main Contact Person Only:

Employer
Organization# _____ EmployerName _____

Detach and mail this form to: Technical Writing /Employer Support Services
 PO Box 48380
 Olympia, WA 98504-8380

for the following reasons:

☐ **Increase /decrease in Handbook quantity:**

TOTAL number of Handbook/Updates needed _____ Number agency is currently receiving _____

☐ **Replacement Handbook needed:** (Note: This *will not* change the number of Handbooks your agency receives.)

☐ **Update to Handbook needed:**

Update Number _____ Number of copies needed _____

☐ **Training in transmittal procedures needed:**

Contact person _____ Telephone Number _____

☐ **Change in contact person (trn/main):**

NEW contact person's name _____ Telephone Number _____

Previous contact person's name _____ Telephone Number _____

☐ **Please indicate your E-mail address here:** _____

☐ **Comments regarding content, corrections or other suggestions:**

Comments: